



Entered - 9-14-99 - sb  
CL99L0579 - ALEXIS HOLMES

CLAIM OF: **WILLIE M. COVERSON**  
Through her Attorney  
**Bruce A. Hagen**  
230 Peachtree Street, NW  
Suite 2660  
Atlanta, Georgia 30303

01- *R*-0272

For injuries allegedly sustained as a result of tripping over a brick tree border on July 21, 1999 at the corner of Broad and Alabama Streets.

THIS ADVERSE REPORT IS APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY 

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0579

Date: 2/9/01

Claimant /Victim WILLIE M. COVERSON  
BY: (Atty) Bruce A. Hagen  
Address: 230 Peachtree Street, NW, Suite 2660 Atlanta, Georgia 30303  
Subrogation: Claim for Property damage \$ Bodily Injury \$ Unknown  
Date of Notice: 8/23/99 Method: Written, proper X Improper         
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 7/21/99 Place: The corner of Broad and Alabama Streets  
Department Public Works Division: Street Operations  
Employee involved        Disciplinary Action:       

**NATURE OF CLAIM:** The claimant alleges that she sustained injuries when she tripped over a brick tree border when she was boarding the bus. After an investigation it has been determined that the City is not liable for the area in question, and it is the responsibility of Metropolitan Atlanta Rapid Transit Authority (MARTA). The claimant has been advised to pursue her claims through MARTA.


### INVESTIGATION:

Statements: City employee        Claimant        Other X Written        Oral         
Pictures X Diagrams        Reports: Police        Dept Report        Other         
Traffic citations issued: City Driver        Claimant Driver         
Citation disposition: City Driver        Claimant Driver       


### BASIS OF RECOMMENDATION:

Function: Governmental        Ministerial         
Improper Notice        More than Six Months        Other        Damages reasonable         
City not involved X Offer rejected        Compromise settlement         
Repair/replacement by Ins. Co.        Repair/replacement by City Forces         
Claimant Negligent        City Negligent        Joint        Claim Abandoned       

Respectfully submitted,

  
INVESTIGATOR - ALEXIS HOLMES

### RECOMMENDATION:

Pay \$        Adverse X Account charged: 1A01        2J01        2H01         
Claims Manager:  Concur/date 02-12-01  
Committee Action:        Council Action

08-23-99P05:07 RCVD

Jordan  
09/12/99  
DM

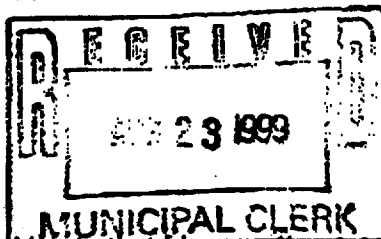
COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 8-16-99

ENTERED - 9-14-99 - SB  
99L0579 - DOBBS JORDAN

Dear Municipal Clerk:



This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 7 21 99  
(month/day/year)
2. Police called: Yes X No
3. Location of incident: Corner of Broad & Alabama St near bus stop
4. Name of your insurance company: Kaiser Permanente Policy No. 0466888
5. State what and how incident occurred: I was getting ready to board the bus. At the stop was a tree in a brick border, my foot slipped on the border and I fell in breaking a bone in my right foot and my left knee. I have been off work since the accident.
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: \_\_\_\_\_  
(make) (year) (tag number) (driver's name)  
City vehicle: \_\_\_\_\_  
(make) (City driver's name) (department/bureau)
8. Witness: \_\_\_\_\_  
(name) (address) (telephone number)
9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Willie M. Coverson  
(claimant's name)

2855 Harper Valley Dr.  
(address)

College Park Ga. 30349  
(city and state)

404-616-4065  
(work number)

770-994-5949  
(home number)



## CITY OF ATLANTA

BILL CAMPBELL  
MAYOR

68 MITCHELL ST, SW, ATLANTA, GEORGIA 30335-0324  
SUITE 4700, CITY HALL - SOUTH  
(404) 330-6240  
FAX (404) 658-7552  
email: publicworks@atlanta.org

DEPARTMENT OF PUBLIC WORKS  
Norman A. Koplon, P.E.  
Interim Commissioner  
David W. Peters, P.E.  
Acting Deputy Commissioner

# MEMO

To: Richard Franklin  
Sylvester Richards  
John Krueger  
Sandy Jennings  
Cedric Maddox  
Lance Clark  
Betty Harris  
Herbert Holmes

From: John W. Griffin, Jr. *JWG*  
Subject: Claim No. 9960579  
Date: October 13, 1999

Please review the attached claim from the Department of Law and forward an immediate response to Dobbs Jordan as requested. You should respond that you or members of your staff either have knowledge of the defect or do not have knowledge of the defect described. This information is required to assist Mr. Dobbs in the handling of this claim. Additionally, I am requesting that the Public Services Division inspect this location and take any required corrective actions, if necessary.

Thank you in advance for your cooperation with this matter. Please do not hesitate to call Mr. Jordan if you should have any questions.

### Attachments

xc: Norman A. Koplon, P.E.  
David W. Peters, P.E.  
Dobbs Jordan

01-*R*-0272